

**COMPENSATION
MANAGEMENT****Local Department of Social Services Compensation Plan
Fiscal Year 2005-2006**

Division of Human
Resource Management

Virginia Department of
Social Services
7 North 8th Street
Richmond, VA 23219
Telephone: 804.726.7055

SECTION I: AGENCY INFORMATION		
Local Agency Name:		Agency FIPS Number:
SECTION II: AGENCY CONTACT INFORMATION		
<i>In the event the Division of Human Resource Management has questions with regard to this Compensation Plan, whom should the Division contact?</i>		
Contact Name:		
Title:		
Telephone Number (include area code): () -	Facsimile Number (include area code): () -	
Email Address:		
Local Agency Mailing Address:		
City:	State: Virginia	Zip Code:

How To Prepare The Compensation Plan

- Step 1:** Answer all of the questions, as instructed, in Sections I through VII.
- Step 2:** Obtain appropriate approval and signatures of the Local Agency Director and Local Board Chairman in Section VIII.
- Step 3:** Enter job classification records into LETS. Each job classification utilized must have a new classification record that reflects information either for July 1, 2005 or December 1, 2005 even if unchanged from the previous fiscal year. Be sure to include information on merit increases, promotions, and cost-of-living adjustments as necessary.*
- Step 4:** Complete Section IX regarding entering Classification records into LETS.
- Step 5:** Forward the original completed copy of the **Local Department of Social Services Compensation Plan For Fiscal Year 2005-2006** to the Division of Human Resource Management. (*Multiple copies need not be sent.*)

*(The Fiscal Year is defined as being July 1 through June 30. Therefore, agencies should submit their Compensation Plans to the Division of Human Resource Management **no later than Friday, July 1, 2005.**)*

***IMPORTANT: NEW:** Please include an agency organization chart with your Compensation Plan for 2005/2006.

Agencies who wish to provide the 4.40 percent increase prior to December 1, 2005 (but not prior to July 1, 2005) need to e-mail Zhilla Khoshkhoo:

zhilla.khoshkhoo@dss.virginia.gov

SECTION III: RANGE REVISIONS

Briefly describe below the nature of any range revisions being made for the fiscal year 2005-2006. Indicate effective date, percentage increase in minimums and maximums, method and amount of any resulting salary adjustments and increases. If the ranges are not being revised uniformly for all classes, describe the methodology (examples: no-increase method, step-for-step method, etc.) and the rationale

SECTION IV: SPECIFIC SALARY ADJUSTMENTS

A. GENERAL SALARY ADJUSTMENT - Language excerpts from 2005/2006 HB 1500 Budget Bill - Additional appropriations for 2004-2006

Q.2. 4.40 percent salary increase:

Q.2.b. The base salary and related employee benefits of employees listed in subparagraph 6.e. of this paragraph shall be increased by 4.40 percent on December 1 2005.

Please indicate the date your agency will be awarding this salary adjustment (agencies may not enter this increase with an effective date prior to July 1, 2005.) _____

Please enter the adjustment in LETS as "COLA increase."

B. COST-OF-LIVING ADJUSTMENT – LOCAL ALLOCATION:

1. Will the agency be offering a local cost-of-living adjustment in addition to any other planned salary adjustment?
☐ Yes ☐ No
2. If yes, please indicate the effective date: ____/____/____ and the percentage increase: ____%
3. If both the General Salary Adjustment and local COLA adjustment are effective on the same date, enter the combined percentage in LETS as "COLA increase." If adjustments occur on different dates, a class record must be entered in LETS for each effective COLA date. ("Range effective dates" need to be same as COLA effective dates.)

C. INTERNAL SALARY ALIGNMENT – Requires consultation with VDSS/DHRM and will be approved separate from the BSCS.

Internal Alignment:

If the agency plans to utilize this method for adjusting salaries, then the methodology for such increases must be documented in writing using the following factors and submitted with this compensation plan for 2005-2006.

- Length of time in the agency or in the position or both as compared to the salaries of other similarly situated employees
- Performance evaluation ratings
- Educational degrees, or certifications, or work experience
- Related experience in previous employment
- Research on the market value of the job
- Retention

No more than 10% per fiscal year. Salary adjustments of this type are entered into LETS as "other increase" and complete "comment" field in LETS employee record as "Internal Alignment."

D. Starting Pay Please explain the methodology for setting starting salaries for all employees, including probationary, transfer, and re-employment.

- ☐ A new employee with exceptional related knowledge, skills, and abilities in the same field as the position entered will start on a step of the local range depending on the level of the knowledge, skills and abilities, and a new employee with exceptional related knowledge, skills, and abilities in a field related to the position entered will start on a step at or below the midpoint of the local range depending on the level of knowledge, skills, and abilities.
- ☐ A new employee will always start on the first step of the range.

SECTION IV: SPECIFIC SALARY ADJUSTMENTS (**continued**)

- E. **Probationary Increases.** *Probationary increases are increases that may be awarded to employees once they have successfully completed their probationary period. Please indicate whether or not the agency will be offering probationary increases (separate and apart from any merit increases that may be offered—see Item G); and the amount of the increase. Enter in LETS as “other increase.”* **Option for six-month probationary period has been eliminated.**

Will the agency be offering a probationary increase: ☐ Yes ☐ No

If Yes, please indicate the percentage: ____%.

F. **Promotions and Upward Redefinitions**

1. **A promotion** is when an employee advances to a higher-level position and higher level salary grade through a Competitive Recruitment Process. No other type of increase (i.e., merit increase, cost of living, or across-the-board increases) may take the place of a promotional increase.
2. **An Upward Redefinition** applies to a filled position and is when an employee's current position is reclassified to a higher salary grade.

No other type of increase (i.e., merit, cost-of-living, across the board salary adjustments) may take the place of an increase for a promotion or upward redefinition increase.

The amount chosen must be consistently and uniformly applied to all employees in the agency. Please indicate below, by checking the appropriate box, the percentage the agency will award in such circumstances.

☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9% ☐ 10%

The salary adjustment must be on the first step of the new salary grade which could result in exceeding the percentage noted .

G. **Merit Increases.** *Please indicate whether or not Merit Increases will be awarded for the fiscal year 2005-2006.*

Will the agency be offering a merit increase? ☐ Yes ☐ No

If Yes, please indicate the method of determining the merit date (*please check one*):

☐ One date applies to all employees. The effective date is: ____/____/____.

☐ Other (i.e., anniversary of initial appointment; anniversary of permanent status; anniversary of most recent promotion; a combination thereof). Will probationary employees be eligible for this merit increase (separate and apart from any end-of-probation increase—see Item E)? Please explain:

If the agency will be offering a merit increase, please indicate the number of one-percent salary steps (**Note:** Percentages may vary only if the local performance evaluation plan has been approved by the Division of Human Resource Management): ____%

H. **LONGEVITY/SENIORITY PAY – Requires consultation with VDSS/DHRM and will be approved separate from the BSCS.**

The Equal Pay Act expressly permits pay differences based upon a seniority system. If you elect to implement increases of this type, you must document the methodology of your seniority system in writing. You should also include in it clearly identifiable standards for measuring seniority that are systematically applied and uniformly enforced. All longevity/seniority standards must be on a sex neutral basis. If the agency plans to use this method of managing pay, then it must document identifiable standards for measuring seniority and submit with this compensation plan for 2005-2006

Salary increases of this type are assessed agency-wide. No more than 10% per fiscal year. Salary adjustments of this type are entered into LETS as “other increase” and complete “comment” field in LETS as “Longevity/Seniority.”

SECTION V: CHILD PROTECTIVE SERVICE PLAN

A. **On-call Compensation (coverage includes individuals designated as “back-up on-call”).** Please check one box and fill in the appropriate blanks. **NEW: Maximum reimbursement has increased from \$7.00 to \$10.00 for each 8-hour shift.**

- ☐ 1. Compensatory time at _____ hour for each 8-hour shift (not to exceed 1 hour).
- ☐ 2. Payment of \$ _____ for each 8-hour shift (not to exceed \$10.00).
- ☐ 3. Director may choose either comp time at _____ hour or payment of \$ _____ for each 8-hour shift on a case-by-case basis (not to exceed 1 hour or \$10.00).

B. **Compensation for direct door-to-door services.** Please check one box from Question #1 and/or one box from Question #2 as it applies to the agency.

- ☐ 1. For employees exempt from the Fair Labor Standards Act (or for non-exempt employees who do not work more than 40 hours in a given work week), please check one box:
 - ☐ (a) Regular salary rate for each hour spent in the field.
 - ☐ (b) One hour of compensatory time for each hour spent in the field.
 - ☐ (c) Director may choose option 1(a) or 1(b) on a case-by-case basis.
- ☐ 2. For non-exempt employees who physically work more than 40 hours in a given workweek, please check one box:
 - ☐ (a) For hours physically worked over 40, overtime salary rate (one and one-half times the regular hourly rate) for each hour spent in the field.
 - ☐ (b) For each hour physically worked over 40, overtime (one and one-half hours of leave) for each hour spent in the field (maximum accrual of 240 hours per employee per year).
 - ☐ (c) Director may choose option 2(a) or 2(b) on a case-by-case basis.

SECTION VI: SICK LEAVE ACCUMULATION PAYMENT

As indicated in the Human Resource Manual for Local Departments of Social Services (LDSS), employees with 5 or more continuous years of service shall be paid no more than 25% of their respective accumulated sick leave balances upon separation from the local LDSS. The local board may choose to pay maximums of either \$2,500 or \$5,000 to eligible employees.

Does the agency deviate from the Sick Leave policy that is included in the Human Resource Manual for LDSS?

☐ Yes ☐ No

If the agency **does not** deviate from the Sick Leave policy that is included in the Human Resource Manual for LDSS, please indicate the maximum dollar amount that the agency will pay employees for unused sick leave balances:

- ☐ A. Agency will pay a maximum of \$2,500.
- ☐ B. Agency will pay a maximum of \$5,000.

Agency Name _____

FIPS Code _____

SECTION VII: SALARIES THAT EXCEED THE MAXIMUM REIMBURSABLE AMOUNT

In the space provided, please list: (a) the name of each employee whose salary will exceed the maximum reimbursable amount in the fiscal year 2005-2006; (b) the employee's respective classification title; and (c) a brief explanation as to why the employee's salary will exceed the maximum reimbursable amount. Please attach any additional sheets, if necessary. This question must be answered if any employee's salary will exceed the maximum reimbursable amount in the fiscal year 2005-2006, as this information must be presented to the Virginia State Social Services Board..

Employee's Name	Classification Title
<i>Example: John Doe</i>	<i>Social Worker</i>
<i>Reason: Mr. Doe is a long-term employee whose salary is at the top of the state reimbursable range. In order for the employee to receive any Cost of Living increase, the agency must exceed the state reimbursable amount.</i>	
1.	
<u>Reason:</u>	
2.	
<u>Reason:</u>	
3.	
<u>Reason:</u>	
4.	
<u>Reason:</u>	
5.	
<u>Reason:</u>	
6.	
<u>Reason:</u>	

SECTION VIII: LETS	
Has the agency entered classification records into LETS? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please be advised that your plan cannot be reviewed and approved until you have entered your classification records in LETS.</i>	If no, when do you anticipate this can be accomplished? ____/____/____

SECTION IX: APPROVAL SIGNATURES	
Local Agency Director Signature:	Date:
Local Board Chair Signature:	Date:

PLEASE RETURN COMPLETED FORM TO:

Virginia Department of Social Services
 Division of Human Resource Management
 Attention Pamela Giles
 7 North 8th Street
 Richmond, Virginia 23219
 Phone: 804.726.7055

NOTIFICATION OF APPROVAL OF YOUR AGENCY'S PLAN
LETS e-mail notification of your classification records is notification of approval of your agency's compensation plan for 2005-2006.